

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013555	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/18/2014
NAME OF PROVIDER OR SUPPLIER GRAND EMERALD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4010 S IRONWOOD DR SOUTH BEND, IN 46614		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for an Initial State Residential Licensure Survey.</p> <p>Survey dates: November 17 and 18, 2014</p> <p>Facility number: 013555 Provider number: 013555 AIM number: N/A</p> <p>Survey team: Sharon Ewing, RN -TC Julie Baumgartner, RN Pamela Williams, RN</p> <p>Census bed type: Residential: 13 Total:13</p> <p>Census payor type: Other: 13 Total: 13</p> <p>Residential sample: 6</p> <p>Grand Emerald Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Initial State Residential Licensure Survey.</p> <p>Quality Review completed on November 25, 2014, by Brenda Meredith, R.N.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE